



Board of Health

September 25, 2025

2026 Proposed Budget

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2026 Proposed Budget - Expenses

\$ 31,831,462 Salaries/Benefits (282.25 FTE)

\$ 1,153,078 Supplies

\$ 24,293,468 Services

\$ 500,000 Leasehold Improvements

\$57,778,008 Total Expenses



2026 Proposed Budget - Funding

\$ 8,052,434	Federal Indirect	\$ 600,000	Interest & Other Earnings
\$ 21,904,601	State	\$ 38,393	Donations/Foundations
\$ 9,215,563	Medicare/Medicaid	\$ 2,877,318	Public Health Appropriations
\$ 6,143,074	Fees/Permits	\$ 5,886,000	Foundational Public Health Services
\$ 620,855	Interlocal Grants	\$ 1,019,758	Assigned Fund Balance Usage
\$ 41,052	Rents/Parking Lots		

\$56,399,049 Total Funding

2026 Proposed Budget – Local Dollar Need

\$ 57,778,008 Expenses

\$ 56,399,049 Funding

\$ 1,378,960 Local Dollar Need



Local Dollar Need by Division

Administration **\$ 385,001**

Communications

Health Equity

Director/Administrative Officer

Employee accrual payouts at separation/unemployment

Community Health **\$ 188,258**

Contract limits on indirect rate

Disease Prevention & Response **\$ 805,700**

Epidemiology/Disease Investigation

Data Center

Total Local Dollar Need **\$1,378,960**

Spokane County Contribution History

2008 - 2015	\$2,543,307
2016 - 2017	\$2,193,307
2018 - 2021	\$1,800,000
2022	\$1,980,000
2023	\$2,000,000
2024	\$2,071,723
2025	\$2,053,960
2026	\$1,378,960 proposed



2026 Budget Reserve Usage

Assigned Fund Balance Usage

Building	500,000
Treatment Services EHR	200,000
Treatment Services Expansion	242,988
EPH Food	47,953
EPH Schools	<u>28,817</u>
Total Assigned Fund Balance	\$1,019,758

2025 and 2026 County Request

	2025 Approved	2026 Proposed	Change
County Contribution	\$ 2,053,960	\$ 1,378,960	(\$675,000)
TB Program	<u>420,885</u>	<u>525,855</u>	<u>104,970</u>
Total Request	\$2,474,845	\$ 1,904,815	(\$570,030)



2025 TB Program Update

September 25, 2025

A Snapshot of TB

Tuberculosis (TB) is an infectious disease caused by bacteria that usually attack the lungs but can affect any part of the body. We can classify TB in two ways:

- Latent TB infection (LTBI): Someone carries TB bacteria but has no symptoms and is not contagious.
- Active TB disease: Bacteria are multiplying, the person is ill and can spread TB to others.

Why it matters:

- In the U.S., about 13 million are infected with TB (LTBI), with a 5–10% lifetime risk of developing active TB disease.
- TB is one of the top infectious disease killers worldwide. Even though cases are fewer here, it still causes serious illness and death in our community.

Challenges of Medical Management of TB

- **Rare disease:** Most providers are unfamiliar with TB, making diagnosis and management difficult.
- **At-risk populations:** TB more often affects people born overseas, those experiencing poverty, unstable housing, or who have limited access to healthcare.
- **Barriers to care:** Language, immigration status, transportation, and insurance can all prevent timely evaluation and treatment.
- **Treatment complexity:**
 - Requires multiple medications taken daily for 6–12 months.
 - If treatment is interrupted, TB can return, spread, or become drug-resistant.
- **Risks of improper care:** Incomplete or incorrect treatment can lead to drug-resistant TB, which is harder, longer, and far more expensive to treat.

Public Health Role in TB Management

Unlike most diseases, TB control cannot be left to individual patients or private providers alone.

Public health ensures:

- Directly Observed Therapy (DOT): A nurse or public health worker supports patients to take each dose of medication, preventing treatment failure and drug resistance.
- Contact Investigation: Identify and test people exposed to TB to stop new infections before the exposed person becomes sick.
- Supportive services: Removing barriers like transportation, interpretation, or medication access so patients can complete treatment.

Snapshot – Spokane County TB Deaths

Recent Spokane County managed cases:

- 2023: 12 TB cases, 1 death
- 2024: 12 TB cases, 1 death
- 2025: 11 TB cases, no deaths (to date)

Why deaths still happens with TB:

- TB often affects people with other health problems (diabetes, HIV, substance use, chronic conditions).
- Symptoms may be missed until disease is advanced.
- Delayed diagnosis means patients are sicker when treatment begins.

Key point: TB remains deadly if not found and managed early.

The Work of the SRHD TB Program

Case management of suspect and confirmed TB disease

- Providing testing and imaging to confirm and manage TB
- Conducting contact investigations to prevent spread
- Administering Directly Observed Treatment (DOT) for every patient on treatment
- Coordinating safe isolation when needed

Managing TB infection (LTBI) when appropriate

Monitoring and quality assurance of Class B TB screening program at Unify Community Health

Training and education of healthcare providers about TB

Training and screening local health district staff.

Current Staffing Model

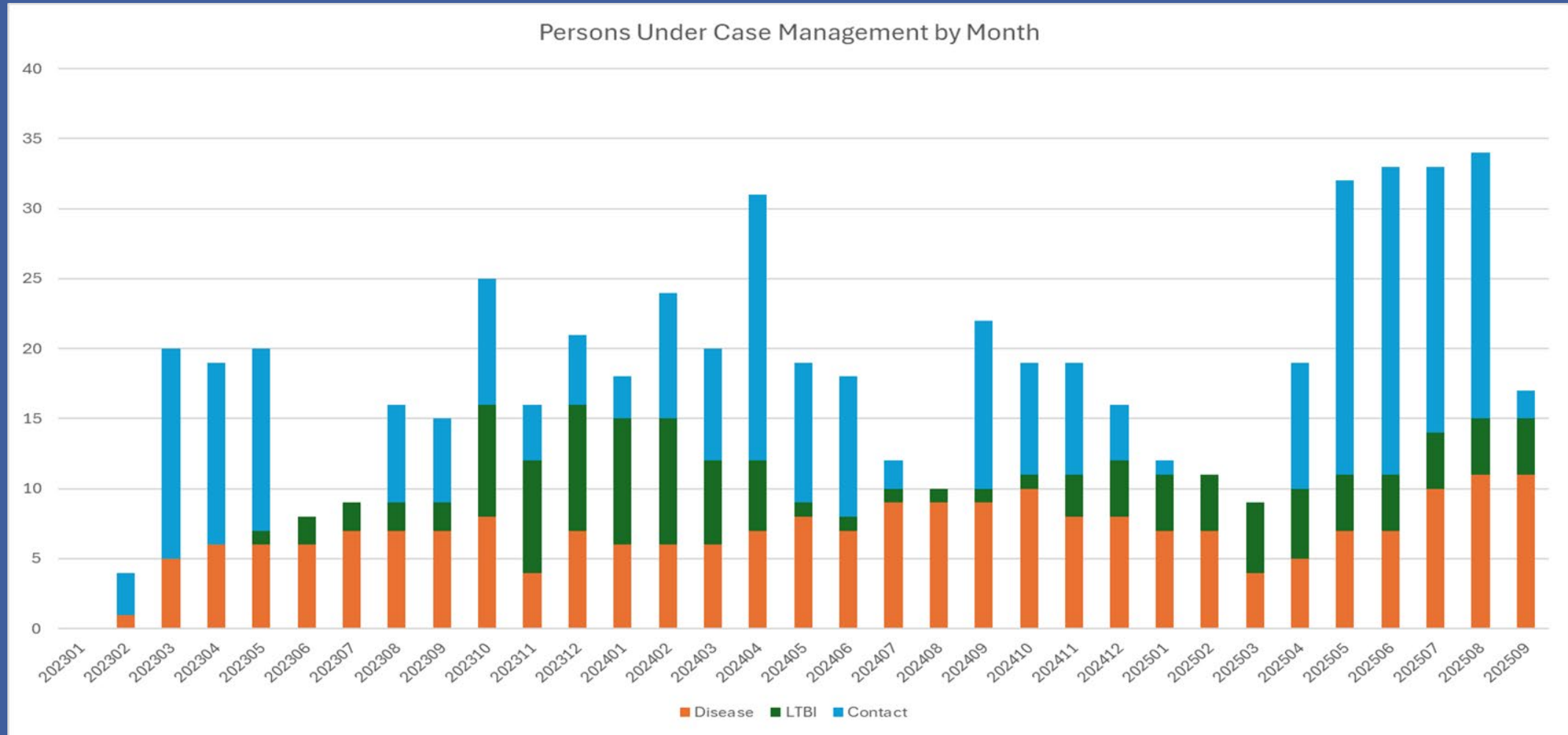
Staff

- 2 public health nurses
- 1 community health worker

Division of work

- Each nurse has their own caseload that they manage
- Cross-coverage support is available to assure treatment continuity during leave or to support a larger contact investigation
- Other CDIP staff are available to provide an additional layer of surge support for uncomplicated DOT

SRHD TB Program Caseload



Current Concerns – Gap in Staffing Capacity

Challenges of our high case load

- Staffing – burnout and inability to cross cover for leave or investigations
- Program Work – deprioritizing non-critical program work
- Cost – overtime cost
- Patient Care – minimal

Plan for managing our high case load

- Reassign staff where possible to support the TB team
- Request assistance from DOH to support the Eastern State Hospital contact investigation
- Work with ELT and BOH to identify the best approach to address the gap

Evaluating Workload Support Options

Contracting with an outside provider:

- Pro: Providers can bill for visits.
- Con: Expense of home visits and DOT are not part of typical provider business models.

Hiring non-clinical staff (a disease investigation specialist):

- Pro: Lower cost, flexible reassignment from other programs.
- Con: Cannot use clinical judgment, collect specimens, or administer specialized treatment.

Hiring a TB Nurse (preferred):

- Pro: Can perform all TB program functions safely and efficiently, flexibility.
- Con: Recruiting nurses in the current workforce environment.

TB Program Budget Considerations

TB Revenue Overview

Primary funder is Spokane County

- See RCW 70.30.055 County budget for tuberculosis facilities

Other revenue sources for TB work:

- Foundational Public Health Services
 - 2025 budgeted at \$28,000
- Washington Department of Health (CDC)
 - 2025 budgeted at \$30,905
- Medicaid Match
 - 2025 budgeted at \$15,000
 - Q1 2025 actual \$7,271

	Original Budget 2025	Original Budget 2026	\$ Change	% Change
EXPENSES:				
SALARIES	245,401	339,397	93,996	38.30%
BENEFITS	95,440	105,137	9,697	10.16%
OFFICE/OPERATING SUPPLIES	3,000	2,098	(902)	
MEDICAL/LAB SUPPLIES	3,000	5,000	2,000	
CLIENT COMPLIANCE	8,000	7,000	(1,000)	
FOOD	8,000	14,000	6,000	
SUPPLIES	22,000	28,098	6,098	27.72%
CUSTOM SERVICES	24,000	2,000	(22,000)	
STANDARD SERVICES	500	25,000	24,500	
TELEPHONE SERVICES	1,987	1,989	2	
POSTAGE/SHIPPING SERVICES		2,250	2,250	
MILEAGE(LOCAL ONLY)	7,094	7,000	(94)	
TRAINING/TUITION	1,000	1,429	429	
SERVICES	34,581	39,668	5,087	14.71%
INDIRECTs	97,368	102,460	5,092	5.23%
			-	
TOTAL EXPENSES	494,790	614,760	119,970	24.25%
FUNDING:				
TOTAL INDIRECT FEDERAL GRANTS	45,905	60,905	15,000	32.68%
FPHS FUNDING	28,000	28,000	-	-
TOTAL FUNDING	73,905	88,905	15,000	20.30%
County ask for TB program	420,885	525,855	104,970	24.94%

TB Diagnostic Costs

Evaluation for TB Disease

- QuantiFERON TB testing (blood test)
 - Answers the question of if the person has a TB infection
- Chest x-rays
 - Answers the question of if the infected person has pulmonary disease, OR if the person is responding to therapy
- CT imaging
 - Answers the question of if the person is responding to therapy

Diagnostic costs for 2025 (through August of 2025)

- Labs - \$6,028
- Imaging - \$8,930

TB Case Management Costs

Compliance Measure: Measures to ensure that people can participate in a public health program or activity. With TB, compliance measures may involve removing specific barriers, such as providing a cell phone to be accessible to public health, food while in isolation, or transportation to a medical appointment.

Incentive: An incentive is something that motivates or encourages someone to do something. For example, providing gift cards for TB treatment benchmarks or for submitting a sample for testing examples of incentives for TB case management.

Snapshot of Case Management Costs

	2024	2025 (to 9/9/25)
Case Management (Isolation)	\$2,468	\$6,000
Range	\$16 to \$1,355	\$8 to \$1,564
Average Cost Per Patient	\$494	\$750
Median Cost per Patient	\$323	\$614
Case Management (No Isolation)	\$7,814	\$7,869
Range	\$6 to 1,905	\$20 to \$2,767
Average Cost Per Patient	\$521	\$562
Median Cost per Patient	\$179	\$183
Housing Support	\$4,865	\$6,265

Cost Containment Considerations

Can SRHD bill patient's insurance directly for labs or imaging?

- There would be additional costs for a partial FTE billing specialist as well as additional administrative requirements to bill insurance. Some patients are uninsured as well.

Can SRHD refer patients to providers who can directly bill for labs or imaging?

- Cost savings would need to be balanced against compliance issues and the administrative burden of referrals and case follow-up.

Can case management costs be streamlined or reduced?

- Options are being considered to reduce the burden on staff and reduce costs; this could include increased use of gift cards or changing benchmarks.

Recommendation

- Hire a public health nurse to address the current and anticipated future challenges for case management.
- Continue to develop internal surge support options for acute responses to outbreaks or large contact investigations.
- Investigate options to pursue insurance reimbursement for TB related services.
- Standardize and streamline costs associated with case management.



Questions/Discussion